

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/PCD
 AsOfDate 05/10/2013

3000020371 05/17/13

Voucher Number	Vchr	VchrLineDescr	Dieter Account	Account	Fund	VendorName	Withhold	Accounting Period Year	Month	PurchaseOrder	Invoice Number	Total Amount
00334903	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	05	0000100592	Adams, R. 4.29-5	570.00
Total For Voucher												570.00

[Summary](#) |
 [Invoice Information](#) |
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 [Voucher Attributes](#) |
 [Error Summary](#)

Business Unit: 66500
Voucher ID: 00334903
Voucher Style: Regular

Invoice Number: Adams, R. 4.29-5.3.13
Invoice Date: 05/06/2013
Total: 570.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

***Pay Terms:** Pay Now [Schedule Payments](#)

Payment Information

Scheduled Payment: 1

***Remit to:** 0000097303 [Q](#) [F](#)

Location: 001 [Q](#)

***Address:** 1 [Q](#)

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 570.00
Discount: 0.00

USD ☐ Discount Denied
 USD ☐ Late Charge

Scheduled Due: 05/06/2013 [F](#)

Net Due: 05/06/2013

Discount Due:

Accounting Date:

Payment Method

***Bank:** WFB10

***Account:** B

***Method:** ACH ACH

Pay Group:

***Handling:** RE

***Netting:** N [Q](#)

Message:

Message will appear on remittance advice.

[Messages](#)

Summary	Invoice Information	Payments	Voucher Attributes	Error Summary
Business Unit: 66500	Invoice Number: Adams, R. 4.29-5.3.13			
Voucher ID: 00334903	Invoice Date: 05/06/2013			
Voucher Style: Regular	Total: 570.00			
Voucher Processing ☒ Post Voucher ☐ Close Voucher ☒ Revalue Voucher ☐ Delete Voucher				
Accounting Instructions *Accounting Template: STANDARD Account At: Gross				
Match Action *Status: Ready ☐ Pay Unmatched Voucher				
Transaction Currency *Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000				
Voucher Approval *Approval: Specify at this Level Business Process: PROCESS_VOUCHERS Approval Rule Set: Payment Approval Rule Set 1				
Self Billing Invoice *SBI Num Option: Group Vouchers (Auto- SBI Number:				
Prepayment Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding				
Letter of Credit Letter of Credit ID:				
Tax Group				

DEPARTMENT OF HEALTH
NAME _____

PAGE	1	DATE	5/6/2013
AGENCY		VOUCHER NUMBER	00334903
CODE	66500		

NAME		CAR LICENSE NUMBER	POST OF DUTY	PROPOSED (ADVANCE VOUCHER)
Richard Adams		SG-1984	Ruidoso	
VENDOR NUMBER	97303	MODEL Nissan	RESIDENCE Ruidoso	ACTUAL (RECOUPMENT VOUCHER)
REG. WORK DAY	8:00 AM THRU 5:00 PM	YEAR 2011		
DATE	TIME: SHOW AM OR PM	CHARACTER OF EXPENDITURES	ODOMETER/MAP MILES	AMOUNTS
	DEPARTURE ARRIVAL	BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ENTER START & FINISH NO. OF MILES	MILEAGE PER DIEM MISCELLANEOUS AMOUNTS
4/29/2013	6:00am	Depart Ruidoso to Santa Fe, overnight S.Fe rates apply*	0	\$ 0.00 \$ 135.00
4/30/2013		Overnight		\$ 0.00 \$ 135.00
5/1/2013		Overnight		\$ 0.00 \$ 135.00
5/2/2013		Overnight		\$ 0.00 \$ 135.00
5/3/2013		Depart Santa Fe to Ruidoso, partial day per diem--12.0 hrs		\$ 0.00 \$ 30.00
				\$ 0.00 \$ 0.00
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				\$ 0.00 \$ 0.00
TOTALS			0	0.00 570.00 0.00 570.00
ADVANCE AMOUNTS 80%				
ADJUSTED REIMBURSEMENT				
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.				
Per Diem is Based on (Check One) ACTUAL EXPENSES				
APPROVED RATES	X Employee Signature	Date	HICHARD ADAMS (TYPE PAYEE NAME)	
X Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act. SECTION 10-8-5 (f), NMSA 1978 05-08-2013 Signature required on overnight lodging exceeding \$215.00 per night: Date				

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000/06105	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	04/26/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	04/29/13	Time:	06:00 AM	Return Date: (month/day/yr)	5/3/13
	Time: 06:00 PM					
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

*If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


Employee Signature Date: 4/25/13

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date


Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)